Name: DANIEL P. DANNY Lutz J Baytime Telephone: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** FILER STATUS 人 U.S. House of Representatives New Officer or Employee Candidates - Date of Election: 6 Nov 2016 Employing Office: New Member of or Candidate for State: WEST VIRGINIADistrict: QND Shared Staff Filer Type (If Applicable): For New Members, Candidates, and New Employees Principal Assistant FORM B 6 Period Covered: January 1, Check if Amendment A \$200 penalty shall be assessed against any Individual who files more than 30 days late. OCT 17 2018 Holling of the community of the Page 1 of Page 1 of LEGISLATIVE RESOURCE CENTER (Office Use Only) 18 OCT 24 PM 12: 32

PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ILY THE SCHEDULE	THIS FORM INCLUDES ON
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ORRESPONDING S	ATTACH THE C
Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year end two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at eny point during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes X No C	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes X No EASTERN PANH ANDLE CONSERVATION Su RER VISUR	Yes X No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Quelified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes **Z** Z

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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	BLOCK A Assets and/or Income Sources	>	>	The same of the sa	ASSET NAME														
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Name + ANIELR. "OBNIN" Like In Page 2 of

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: DANIEL P. DANNY" Lutz Page (

INCOME LIMITS and PROHIBITED INCOME: Be edvised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside eerned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduriary relationship) are totally prohibited for Members and senior staff. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source end amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guerd or Reserve pay), federal retirement progrems, and benefits received under the Social Security Act.

professional Bervices involving a fiduciery relationship) are totally prohibited for Members end senior staff.	staff.		
	•	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Yeer to Filing	Preceding Yeer
	Horpararium Salan	\$0	\$500 \$500
EXAMPLES: Civil War Roundtable (Oct. 2) Ontatio County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Mr Honorania speaking Lear			
On Onnier eta)			
		000.0	
Main income source is	:		
Social Security			

SCHEDULE D - LIABILITIES

Name +) ANIE (P. "DBMAY" Lutz , IR Page 4 or 6

liabilitias owed to you by a spousa or tha child, parent, or sibling of you or your spousa. Report a revolving charge account (i.a., credit card) only if tha balance at the closa of the reporting pariod axceeded \$10,000. *Column K is for liabilities hald solaly by your spouse or dapandant child. Raport liabilities of over \$10,000 owed to any one creditor at any tima during tha raporting period by you, your spouse, or your dapandent child. Mark the highaat amount owad during the reporting period. Naw Mambars: Mambers are required to report all liabilities sacured by real property including mortgages on their parsonal residanca. Excluda: Any mortgage on your personal residance (unless you rent it out or are a Member); loans sacured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unlass you are personally liabia); and

		SP, OC, JT		
	Example First Bank of Wilmington, DE	creditor Creditor Creditor Creditor		
	5/98	Date Liability Incurred MO/YR		
	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
		\$15,001- \$50,000	to	
		\$50,001- \$100,000	6	
	×	\$100,001- \$250,000	б	\ \
		\$250,001- \$500,000	m	Amount of Liability
		\$500,001- \$1,000,000	יער	t of Lia
		\$1,000,001- \$5,000,000	6	bility
		\$5,000,001- \$25,000,000	#	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000	٠.	
		Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Raport all positions, compansated or uncompansated, as an officar, diractor, trustee of an organization, partner, proprietor, representativa, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Excluda: Positions held in any raligious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Naw Mambers and aacond-year candidatea raport positions hald in the reporting period and tha current calendar year. First-yaar candidataa and naw amployees report positions held in tha current calendar year and two previous yaars

Position	Name of Organization
CONSERUATION DISTRICT	FASTERN PANHANDLE CONSERVATION
Supervisor.	AISTRICT
Factor PAN HANDLE	
OM SERVATION DISTRICT	

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in en employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensetion received by you or your business affiliation for services provided directly by you during the current year and two prior yeers. This includes the names of clients end customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Peyments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any informed on considered confidential as a result of	gweinnein and any morneuon considered comidernal as a fesuit of a privileged relationship recognized by law. Do not repeat information issue on scriedule c.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

							NOTE NUMBER
					1 ml		NOTES

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

OCT 71 EUROPE CENTER
LEGISLATIVE RESOURCE CENTER
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The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate	Your	5tatus:
(Select C	ne)	

Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal
 of Candidacy

This is to notify you that under the laws of the state of _______

I withdrew my candidacy for the U.S. House of Representatives on _______

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): DANIEL P. "DANNY" Lutz, IR

State: WEST Vinginia District: 2nd

Date: 15 Oct 2018

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO The Clerk, U.S. House of Representatives

Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601